



NOV 27 2001

**Wiener lab.**

Especialidades para Laboratorios Clínicos

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Section 6 – Summary**510(k) Summary**

“This summary of 510(k) safety and effectiveness information is being submitted in accordance with the requirements of SMDA 1990 and 21CFR 807.92”

“The assigned 510(k) number is: K013145”

Introduction

According to the requirements of 21 CFR 862.1100, the following information provides sufficient details to understand the basis of a determination of substantial equivalence.

6-1 Submitter
Name, Address,
Contact

Wiener Lab Group
 Riobamba 2944
 2000 – Rosario – Argentina

Contact person: Viviana Cétola

Date Prepared: February 27, 2001

6-2 Device Name

Proprietary name: WIENER LAB. GOT(AST) UV

Common name: Aspartate amino transferase (AST/SGOT) test system.

Classification name: NADH Oxidation / NAD Reduction, AST / SGOT

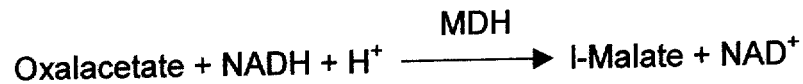
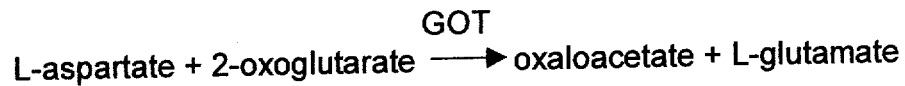
Device Class II

6-3 Predicate Device

We claim substantial equivalence to the currently marketed RANDOX AST ASAT GOT OPT. test system (Cat. N° AS1204).

6-4 Device Description

The principle is based on the following reaction system:



AST or GOT: Aspartate Amino transferase
MDH: Malate Dehydrogenase

6-5 Intended Use

The WIENER LAB GOT (AST) UV test system is an I.V.D. device intended to be used in the quantitative determination of aspartate amino transferase (AST or GOT) in human serum and plasma. Aspartate amino transferase measurements are used in the diagnosis and treatment of certain types of liver and heart diseases.

6-6 Equivalencies and differences

The WIENER LAB. GOT (AST) UV test system is substantially equivalent to other products in commercial distribution intended for similar use. Most notably it is substantially equivalent to the currently marketed RANDOX AST ASAT GOT OPT test system.

The following table illustrates the similarities and differences between the WIENER LAB. GOT (AST) UV test system and the currently marketed RANDOX AST ASAT GOT OPT test system.

	RANDOX Test System	WIENER LAB. Test System
Intended use	Quantitative determination of aspartate amino transferase in human serum and plasma.	
Continued on next page		

	RANDOX Test System	WIENER LAB. Test System
Test principle	<p>Kinetic method</p> <p>The principle is based on the following reaction system:</p> $ \begin{array}{c} \text{L-aspartate} + \text{2-oxoglutarate} \\ \downarrow \text{GOT} \\ \text{oxaloacetate} + \text{L-glutamate} \\ \text{Oxalacetate} + \text{NADH} + \text{H}^+ \\ \downarrow \text{MDH} \\ \text{L-Malate} + \text{NAD}^+ \end{array} $ <p>AST or GOT: Aspartate Amino transferase MDH: Malate Dehydrogenase</p>	
Essential Components	L-aspartate – NADH – MDH – LDH – 2-oxoglutarate	
Formula	Optimized according to IFCC	
Reagents	R1: L-aspartate - TRIS (Buffer) R2: NADH - MDH - LDH - 2-oxoglutarate	
Preparation of Working Reagent	Dissolution of R2 with R1	
Instability or deterioration of reagents	Not specified	Reagent Blank Absorbance <0.800 or > 1.800
Continued on next page		

	RANDEX Test System	WIENER LAB. Test System
Sample	Human serum, heparinized plasmas or EDTA plasmas	Human serum or heparinized plasmas
Working Temperature Range	25 – 30 – 37°C	
Wavelength of reading.	334 – 340 – 366 nm	
Linearity	279 U/l	470 U/l
Minimum detection limit	No stated in insert	1.2 U/l
Expected values	Male: until 37 U/l Female: until 31 U/l (37°C)	Male: until 38 U/l Female: until 32 U/l (37°C)
Within-run precision	No stated in insert	Normal Serum Control: CV = 4.4% Abnormal Serum Control: CV = 1.3%
Total precision	No stated in insert	Normal Serum Control: CV = 4.9% Abnormal Serum Control: CV = 1.6%

6-7 Conclusion

Based on the data above mentioned, we believe that the extended claims continue to support substantial equivalence to other products in commercial distribution intended for similar use



DEPARTMENT OF HEALTH & HUMAN SERVICES

Food and Drug Administration
2098 Gaither Road
Rockville MD 20850

NOV 27 2001

Dr. Viviana Cetola
QC/QA Manager
Weiner Laboratorios S.A.I.C.
Riobamba 2944
Roasario, Santa Fe
Argentina

Re: k013145
Trade/Device Name: GOT(AST) UV
Regulation Number: 21 CFR 862.1100
Regulation Name: Aspartate amino transferase (AST/SGOT) test system
Regulatory Class: Class II
Product Code: CIT
Dated: September 9, 2001
Received: September 20, 2001

Dear Dr. Cetola:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.


Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

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This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4588. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "<http://www.fda.gov/cdrh/dsma/dsmamain.html>".

Sincerely yours,

A handwritten signature in black ink that reads "Steven Gutman". The signature is written in a cursive, slightly slanted style.

Steven I. Gutman, M.D., M.B.A.
Director
Division of Clinical Laboratory-Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

510(k) Number (if known): K013145

Device Name: Wiener lab.

60T (AST) UV

Indications For Use:

The "Wiener lab. GOT (AST) UV" test system is an in vitro diagnostic device intended to be used in the quantitative determination of aspartate amino transferase (AST or GOT) in human serum and plasma. Aspartate amino transferase measurements are used in the diagnosis and treatment of certain types of liver and heart diseases.

Thomas C. Dyer (signature)
(Division Sign-Off)
Division of Clinical Laboratory Devices
510(k) Number K013145

SEP 12 1964

FD-302a (Rev. 11-29-60)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use X
(Per 21 CFR 801.109)

OR

Over-The-Counter Use _____

(Optional Format 1-2-96)

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